CLAIMS ONLY

Application Number: _10536916_

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2		1					52							
3		2,1					53							
4		1					54							
5		2,1					55							
6		2,1					56							
7		2,1					57							
8		2,1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17	1						67							
18		1					68							
19		2,1					69							
20		2,1					70							
21							71							
22							72							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep							
Total Depend	18						Total Depend							
Total Claims	20						Total Claims							